Submit I Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 30-025-28976 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III – (505) 334-6178 1220 South St. Francis Dr. STATE FEE 🖂 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 6. State Oil & Gas Lease No. 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A South Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other **HOBBS OCD** 178 2. Name of Operator 9. OGRID Number: 157984 Occidental Permian Ltd. 10. Pool name or Wildcat 3. Address of Operator 2611 State Hwy 214 Denver City, TX 79323 Hobbs (G/SA) RECEIVED 4. Well Location C: 862 feet from the North line and Unit Letter 1745 feet from the West line Township 19S Range 38E NMPM Lea Section 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3624' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON □ REMEDIAL WORK ALTERING CASING □ TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING DOWNHOLE COMMINGLE \Box OTHER: OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. During this procedure we plan to use the closed-RUPU and POOH W/ESP equipment 1. loop system with a steel tank and haul contents to Treat if necessary 2. the required disposal per ODC Rule 19.15.17 3. RIH W/ESP eqmt RDPU and clean location Rig Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Lift Specialist DATE 8/19/2015

Type or print name Steve Snead

Conditions of Approval (if any

For State Use Only

AUG 2 4 2015

E-mail address: steve snead@oxy.com PHONE: 806-592-6312